

Putting Children First ...

Children & Families Commission of Fresno County

2001-2002 Strategic Plan



Commissioners

Supervisor Bob Waterston, Chair

Luisa Medina, Vice Chair

Gary Carozza, Secretary/Treasurer

*Marian Karian
Roseanne Lascano
Kathleen McIntyre*

*LeeAnn Parry
Oscar Sablan, M.D.
(Vacant)*

Executive Director

Steven P. Gordon

Children & Families Commission of Fresno County

550 E. Shaw Ave., Suite 215

Fresno CA 93710

(559) 241-6515 (Voice) (559) 241-6510 (Fax)

fresnokids@cfcfresno.org

Letter from the Commission

The Children and Families Commission of Fresno County is committed to enhancing the lives of expectant parents, children from the prenatal stage up to age five, and their families. The Commission's 2001-2002 Strategic plan is planned as a roadmap to achieve that goal. It is our belief that we can impact many of the factors that influence a young child's well being in the earliest years of life, such as physical and mental health, social growth, early childhood education, and the presence of a strong, supportive family.

Evidence now supports, as has always been believed, the important role of parents in the healthy development of their children. By providing children with safe, nurturing and stimulating environments, parents and caregivers influence long-term growth and development during these important early years.

The early years of a child's life form the foundation for later development. Attention to young children is a powerful means of preventing later difficulties such as developmental delays and disturbances. Physical, mental, social, and emotional development and learning are interrelated. Thus, promoting child development is not limited to the academic arena of numbers and letters. The social, emotional, physical and cognitive dimensions and language development of children are all very important. These early childhood development needs are the basis for Proposition 10, and the work of the Children and Families Commission of Fresno County.

On June 21, 2000, the Commission adopted its first *Putting Children First* Strategic Plan that outlined an initial process for improving the lives of Fresno County's children and families and established the framework that would serve as a base as the Plan is revised from year to year. This first year of outreach and discussion, priority-setting, and funding activity has helped the Commission to build community partnerships and clarify the goals and methods for maximizing opportunities offered by Proposition 10.

In its first year, the Commission accomplished the following:

- Established staffing, basic operations systems and an infrastructure for carrying out its responsibilities,
- Developed approaches to needs assessments, information gathering, and priority setting,
- Established strong relationships within the early childhood community,
- Awarded approximately \$20 million dollars in funding to service providers for direct services, and
- Awarded approximately \$7 million dollars in funding for special projects including evaluation, mini-grants, training and retention, and leveraging funds.

With the help of the community, the Commission has learned several lessons this first year. This Plan builds on the experiences, accomplishments and infrastructure development achieved under the first year's plan. Furthermore, it sets the course for integrating early childhood programs,

services and projects into a family-focused, community-based approach to ensure that children will enter school physically, mentally, socially, emotionally and developmentally ready to learn.

In developing the first Strategic Plan, an extensive strategic planning process involving a team of more than 50 committed parents and professionals was utilized. Hundreds of volunteer hours were invested to develop a plan that was responsive to the complex challenges facing families of young children in the County of Fresno. It was determined that new approaches to assisting children and families were imperative and that this assistance required delivery of services through purposeful integration and ease of access for parents. Although the format of the 2001-2002 Strategic Plan has changed, the foundation that was set in the first *Putting Child First* plan has not. The Commission is still guided by the same values, principles, and goals as it was before and we will strive to continue improving each year.

The overarching goal for the 2001-2002 Strategic Plan and major theme is the area of School Readiness. This was identified in the first Strategic Plan as Strategic Result II. Improved Child Development: Child learning and ready for school, and is in recognition that School Readiness is integrally related to and will reflect on other outcome areas. School Readiness requires that children are in good health, are safe and secure in their homes and communities, and that they receive the resources and nurturing necessary to achieve their full potential.

Based on the comprehensive approach needed to implement this Plan, the Commission will expand its role as partner with the community. This expanded role will support collaborations between diverse public and private entities to increase the effectiveness and resources of all partners; identify, fund and evaluate innovative strategies; promote systems change; and develop and advocate for policies that expand and enhance services for expectant parents, children from the prenatal stage to age five, and their families. The Commission will also make every effort to ensure that the rural and ethnically diverse communities of our County are engaged in the process at every step and ultimately provided services at the highest level.

We are confident that the Commission's strategic direction will change the lives of children in Fresno County as well as strengthen the families and communities that nourish them. The Commission welcomes the community's continued involvement as we systematically move toward our shared vision and we invite you – the parent, the advocate, the community leader, and the service provider – to join us in this critically important endeavor. Through our joint efforts, we will keep our commitment to our children and their future.

Commissioners

Bob Waterston, Chair
Luisa Medina, Vice-Chair
Gary Carozza, Secretary/Treasurer
Marion Karian

Roseanne Lascano
Kathleen McIntyre
LeeAnn Parry
Oscar Sablan, M.D.

Acknowledgements

The Commission would like to acknowledge and extend their deepest appreciation to all of the individuals who have given so generously their time and expertise. Thanks to the many community members – too numerous to name individually – who provided their input. Because of your contributions, we feel that we have succeeded in developing a plan that will serve us well as we continue our efforts to address the needs of Fresno County's children and families. The Commission would also like to thank the Strategic Planning Committee, the County of Fresno, the Commission Task Force, and the Commission staff.

A special "thank you" to the following individuals and organizations who provided their input on the Strategic Plan and its revisions:

Dr. Tejinder Randhawa
Marilyn Moore
Jane Martin
Lilia Chavez
Mary Arriaga
Marian Romero
Brian Mimura
Cathy Mathis
Christine Edmondson
Deborah Stuart
Jeff Webster
UCLA School of Public Health
Fresno County HSS, MCAH
Fresno County Department of
Community Health, Children's Dental Programs
Radio Bilingue
California Health Collaborative
March of Dimes
Spirit of Woman
Fresno County EOC
West Hills Community College
City of Coalinga
City of Firebaugh
City of Kerman
City of Mendota
City of San Joaquin
I-5 Business Development Corridor, Inc.
I-5 Social Services Corporation, Inc.
Riverdale Joint Unified School District
San Joaquin Valley Health Consortium

California State University, Fresno
Valley Children's Hospital
Planned Parenthood
Alcoholism and Abuse Council
University of California Center
Central Valley Regional Center
Exceptional Parents Unlimited
Fresno Metro Ministry
Healing for Survivors
CASA
Fresno Unified School District
Care Fresno & Care Clovis
City of Selma
Fresno County Interagency Council
on Children and Families
Literacy & Early Education
Clovis Unified School District
Firebaugh-Las Deltas School District
Opportunities Plus
Central California Legal Services
Comprehensive Youth Services
Rape Counseling Services of Fresno, Inc.
Central California AIDS Foundation
Bridging the Gap
Fresno/Madera Dental Society
EOC Rural Tobacco Program
West Care/The Third Floor
New Mendota Chamber of Commerce
Families First
Knight-Barfield Association

Fresno Local Child Care Planning Council
United Way
West Fresno Collaborative
Firebaugh Health Commission
Wilberforce University
UC, San Francisco

Early Childhood Coalition
Infant Mental Health Development Project
Coalinga-Huron Unified School District
Fresno City College
Fresno County Rural Transit Agency
Fresno County Association for the
Education of Young Children

Table of Contents

- Letter from the Commission	<i>i</i>
- Acknowledgements	<i>iii</i>
- Table of Contents	<i>v</i>
I. The Children and Families Commission of Fresno County	1
A. Background	1
B. Role of the Commission	1
C. Vision, Mission, Values, & Guiding Principles	2
D. Strategic Results	5
II. The 2001 Strategic Plan	6
A. Assessing Fresno County's Needs	6
B. Programmatic Strategies	8
III. Commission Funding	9
A. Funding Approaches	9
B. General Funding Criteria	10
IV. Planning & Implementation: Next Steps	11
V. Measuring Success	13
VI. Conclusion	14
Appendices	
Appendix A: Data Summary	15
Appendix B: Goals And Objectives	22

I. THE CHILDREN AND FAMILIES COMMISSION OF FRESNO COUNTY

A. BACKGROUND

On November 3, 1998, California voters approved Proposition 10, "The Children and Families First Act of 1998". The Act increased tobacco excise taxes to provide funds for early childhood development and smoking prevention and cessation programs. The passage of this Act created an unprecedented opportunity for Fresno County to mobilize its many resources to create an integrated, coordinated system of care that supports and enhances the lives of expectant parents, children from the prenatal stage up to age five and their families.

Pursuant to Section 130140(a)(A) of Proposition 10, the Fresno County Board of Supervisors adopted Ordinance #15189 establishing the Children and Families Commission of Fresno County as a separate public entity. The Board of Supervisors appointed 9 Commissioners to the Commission in May of 1999 and the Commission began its work to serve children and families in Fresno County.

B. ROLE OF THE COMMISSION

The Commission exists in order to create and manage a comprehensive system of information, programs, services, and administrative support for enhancing the early childhood development of children and their families. Their objective is to prepare children to enter school in good health, ready and able to learn, and emotionally well developed. In an effort to improve the overall condition of young children in the County and to be responsive to the diverse needs of Fresno County families, the Commission wants to expand its role beyond just functioning as a funder or grant-maker. Nonetheless, while the Commission recognizes the unique funding opportunity afforded by Proposition 10, it does not want to re-create systems and processes that already exist and are working, but rather to build upon them. In working towards this and the goal of preparing children for school, the Commission sees itself playing many different roles, including:

- *A Convener and Facilitator.* The Commission will bring together from various sectors individuals, agencies and organizations with common goals;
- *A Catalyst.* The Commission will promote the creation, coordination, integration and sustainability of effective programs for young children and their families;
- *A Change Agent.* The Commission will serve as a voice for all members of the community that helps parents and families empower themselves, helps mobilize the broader community to advocate for expectant parents, young children and their families, and informs policy-makers;

- *A Community Partner.* The Commission will complement, build and strengthen the efforts and activities of civic leaders, parents, providers, physicians, teachers and other key players to have a greater impact on the lives of children and families; and
- *A Trendsetter and Leader.* The Commission will identify, fund and replicate proven solutions as well as promote innovative solutions to long-standing problems that affect children and families.

C. VISION, MISSION, VALUES, & GUIDING PRINCIPLES

Vision

All children in Fresno County thrive in a nurturing and stable environment that is supportive of families and have the resources and health necessary for learning, to be prepared for school entry, and to become positive, contributing members of society.

Mission

The Children and Families Commission of Fresno County will establish integrated quality resources in which ALL families can easily access useful early childhood and family support services.

Values

Within the context of the goals for the Children and Families Commission of Fresno County, all programs supported by Proposition 10 in Fresno County should incorporate the following values:

- Child focused and family centered programs should:
 - Be built on the strengths and existing resources of the family
 - Encourage the full participation of the family
 - Be based on the concerns and priorities of the family
 - Maintain the structure and integrity of the family
 - Provide for the safety and nurturing of children
 - Focus on the whole child and the whole family
 - Strengthen the relationship between parent and child
- Culturally and linguistically competent programs should:
 - Include all cultural groups in Fresno County
 - Consider cultural values in every aspect of service delivery
 - Consider all cultures in program planning and implementation
 - Have on-going evaluation of quality in addressing cultural diversity
 - Strive to provide in the language and culture of the client
 - Be respectful of the client's cultural values and traditions
 - Move from cultural awareness to cultural sensitivity and competence

- Programs focused on prevention and early interventions should:
 - Make programs available to ALL families
 - Make programs available before birth
- Community-based programs should:
 - Build on strengths of existing programs and use of local providers
 - Assure quality and competency in the services provided to young children
 - Be based on collaborative relationships between service providers
 - Provide a full continuum of services
 - Be outcome based
 - Be provided in the "local environments" of the family
 - Integrate the values of the cultural groups in the community
- Programs that are competently staffed should:
 - Provide training for staff at all levels
 - Provide mentoring and support for staff
 - Provide for adequate compensation
 - Enhance job satisfaction and job retention of staff
 - Promote cultural awareness, cultural sensitivity, and cultural diversity
- Programs that are responsive to children and families should:
 - Respond promptly to provide help to everyone who asks
 - Be seamless and transparent from the family's point of view
 - Provide a full continuum of services in all areas of Fresno County
 - Be respectful and non-judgmental
 - Promote family empowerment
 - Actively pursue and be responsive to consumer input
- Quality service should:
 - Be based on "best practices"
 - Be continuously monitored for quality indicators
 - Be continuously monitored for cultural and linguistic competence
 - Evaluate programs based on achievement of successful outcomes
- Accessible programs should:
 - Have multiple entry points
 - Have service providers located throughout urban and rural areas
 - Be accessible through a responsive system of public transportation
 - Be integrated into collaborative networks
 - Provide many services from a single location
 - Reduce stigma and fears associated with receiving services

Guiding Principles

To achieve the identified goals and honor the values adopted by the Children and Families Commission of Fresno County, in the 2000-2001 Strategic Plan the Commission identified 20 principles under which all programs and services supported by Proposition 10 would be designed and structured.

Programs shall:

- Be based on theories of human development considering the developmental stages of both parent and children within the family.
- Be based on a thorough understanding of and a deep respect for our diverse community and the cultural values represented in it.
- Focus on strengthening and enhancing the primary relationship between parent and child.
- Be designed and implemented with the best interest of Fresno County's children at heart.
- Be community based and utilize collaborative networks.
- Promote only the highest standards of quality.
- Be oriented toward prevention and early intervention.
- Be individualized to meet the expressed needs of each family and each individual by identifying and building upon family strengths in the process of helping families meet their needs.
- Be available to all families from conception to school entry, occur in locations in which families live their lives.
- Actively involve parents in the planning, implementation, and evaluation of programs.
- Strengthen, expand and integrate existing quality programs while nurturing new providers.
- Provide adequate resources for ongoing staff development and training.
- Be based on proven and/or innovative models and measurable outcomes, which are continually evaluated.
- Move beyond mere awareness of cultural diversity issues to a continuous process of developing cultural sensitivity, while always striving to obtain cultural competence.
- Provide parents with the knowledge and skills to develop confidence in meeting the challenges of their families and in advocating for the needs of their children and families.
- Provide opportunities for parents to address their own emotional needs and to explore personal challenges within their families.
- Provide for specialized and intensive programs to families facing complex parenting challenges.
- Serve ALL families living in Fresno County

D. STRATEGIC RESULTS AND GOALS

The Commission has identified four predominant themes that were echoed throughout the County. These major themes were adopted as the four Strategic Results of the 2000-2001 Strategic Plan. Based on on-going research and planning, the 2001-2002 Plan represents continued responsiveness to the identified needs of the County of Fresno's young children and repeats these Strategic Results and Goals.

Strategic Results And Goals:

Family Functioning: Strong Families

Goal 1: Parents are knowledgeable and empowered to meet the needs of their children and families.

Goal 2: Parents of children with special health, developmental, emotional, and behavioral needs receive appropriate support and educational programs.

Child Development: Child learning and ready for school

Goal 3: Children and families have access to high quality child care and early education programs.

Goal 4: Children with special health, developmental, emotional, and behavioral needs are identified early and receive quality intervention continuously from birth through kindergarten entry.

Child Health: Children are healthy

Goal 5: Infants are born healthy, at full term and free from prenatal exposure to tobacco, drugs, and alcohol.

Goal 6: Children are physically and mentally healthy and well nourished.

Goal 7: Children are free from violence and injury - both intentional and unintentional.

Goal 8: Communities and parents are educated about the importance of early childhood development, health, nutrition, and child safety.

Service Integration: Integrated, accessible and culturally appropriate services

Goal 9: An integrated service delivery system provides high quality care for infants, young children, and their families throughout Fresno County.

Goal 10: Quality child care, health care, and early education are readily accessible to all children and families in Fresno County.

Goal 11: Transportation is available, accessible, coordinated and well publicized throughout the County enabling children and families to have full access to programs.

Goal 12: A personnel pool of qualified and educated professionals, who obtain continuous, on-going training, are available for child care, early education, parent support and education, child and family health, and wellness programs.

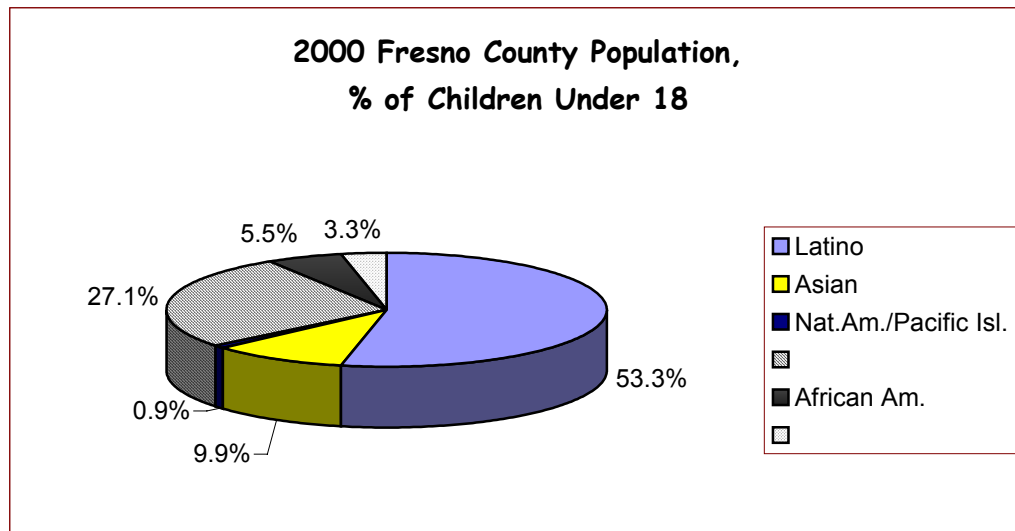
II. THE 2001-2002 STRATEGIC PLAN

The Strategic Plan for 2000 addressed the initial priority funding program strategies as well as longer-term goals and objectives such as integrating services and establishing evaluation, data and reporting systems. During this time, the Commission continued to solicit community input and examine existing resources and best practices. Strategic planning is a long-term process. State law requires an annual review and revision of County Commission strategic plans. The planning process itself provides the opportunity to strengthen local leadership and community infrastructure to support families with young children. The result of these efforts will be healthy, well-adjusted children who are prepared to succeed in school.

A. ASSESSING FRESNO COUNTY'S NEEDS

Fresno County, one of the largest Central Valley counties, boasts a land area of 5,963 square miles. Census data reveal that there are approximately 134 persons per square mile, many of whom live in substandard conditions and low economic profiles (*Census Bureau, 2000*). In 1997, the median household money income was \$31,587, eight thousand dollars less than the state average. The number of persons living below poverty was 25.6% for the total population compared to 16% for California. The number of children ages 0 to 4 living in poverty in Fresno County (42.2%) exceeded that of the state's average for poor children (28.6%) in 1996 (*Census Bureau, Small Area Income and Poverty Estimates Program, 1999*). The county was ranked 56 for the latter.

Percent of Children under 18 years of age, Fresno County



Source: U.S. Census Bureau, 2001.

In 2000, the population for Fresno County totaled 799,407, thirty-two percent of which were children under 18 years of age (Figure 1), and 8.5% were children under 5 (Figure 2). Latino residents make up 44% of the total population, followed by White (39.7%), Asian (7.9%), African American (5%), Native American/Pacific Islander (0.9%), and persons of other or 2+ races (2.5%). Figure 1 shows that children under 18 years of age follow a similar ethnic composition. In 1998, it was estimated that over 91,000 of children ages 0 to 5 resided in Fresno County (Table 1). Fifty-two percent of them were identified as Latino, 28.5% White, 12.9% Asian, 5.8% African American, and 0.8% Native American/Pacific Islander.

Overall, Fresno County data on children 0 to 5 presents some striking statistics:

- Of the 214,462 children residing in Fresno County, approximately 107,231 children (50%) require child care services while their parents are employed or involved in activities outside their home.
- The estimated cost of child care per month is \$546 for an infant and \$407 per month for preschoolers.
- Less than 1/3 of the licensed child care centers are located in rural and unincorporated areas.
- There are an estimated 90,615 children (0-14 years) that reside in Central Fresno, with only approximately 4,718 licensed child care slots available.
- The number of children ages 0 to 4 living in poverty in Fresno county (42.2%) exceeded that of the State's average for poor children (28.6%) in 1996.
- In 1998, Fresno County ranked 21 out of 58 counties in terms of prenatal care in the first trimester.
- The average number of babies born to women with less than a high school education was 6,536 for the years 1995-1997 or 44.7%. The State average was 19.3%.
- During the period of 1995-1997, there was an average of 2,562 births to teen mothers in the County which ranked Fresno County 49th in the State.
- In 1997, 40.7% of all births in the County were to unmarried women (MCH data).
- The percent of births funded by MediCal and other government programs was 61.7%.
- Fresno County is ranked 26 among all California counties for infant mortality.
- In June of 1998, there were only 18,505 WIC participants ages 0-4 in Fresno County. Compared to California's 68.4% of eligible children ages 0 to 4, Fresno County only had 36.7% eligibility for the July 1997-June 1998 fiscal year.
- Fresno County ranks 51 out of 58 counties for TANF benefits.
- Despite a high eligibility status, Fresno County ranked 39th out of 40 counties in enrollment in Head Start in 1997.
- From 1994 to 1996 there was an increase in the rate of child abuse reports in Fresno County.
- The County ranks 41 for the high average of children ages 0 to 5 in Foster care (1,064) from 1995 to 1997.

The economic, social, demographic, healthcare and education environments in Fresno County are undergoing rapid changes. Assessing the needs of Fresno County's children and determining the communities' priorities for funding will be a continuous process to ensure that Proposition 10 funds are effectively used to support positive change. The Commission will strive to maintain current knowledge of community needs and priorities by:

- Assessing County data on community-wide trends;
- Conducting community forums to directly ask community members about values, needs, and priorities;
- Encouraging public comment at all Commission meetings;
- Soliciting specific research from experts in areas such as health, education, parenting, and evaluation; and
- Incorporating information from other organizations' needs assessment, asset mapping and civic engagement activities.

B. PROGRAMMATIC STRATEGIES

In 2001-2002, the Commission will implement three Programmatic Strategies to maximize flexibility in the use of Proposition 10 funds. Within all three Programmatic Strategies, there are opportunities for potential service providers and community partners to apply for funding through the two Funding Approaches: Community-Developed Initiatives and Commission-Developed Initiatives. The three strategies are:

Programs, Projects And Services

Under this programmatic strategy, the Commission will fund a broad range of programs, projects, services and activities that positively impact children from the prenatal stage to age five, their families, and their circles of influence (neighborhood, community, and organizations). We will adhere to the Commission's Guiding Principles; and have measurable outcomes that contribute to achieving progress toward our goals. Programs, projects, services and activities must be linked to one or more of the indicators that will be measured by the commission. Whether the Commission or the community develops the initiative, all funded programs, projects and services will be based on current research, evaluation, "best" or promising practices and innovative ideas to meet the needs of the diverse populations in Fresno County.

Systems Improvement

This programmatic strategy focuses on systems improvement through improving system coordination and responsiveness, community engagement, and capacity building. Initiatives funded to improve system coordination and responsiveness will encourage providers to coordinate services and share resources to address the multiple needs of clients. Through capacity building the Commission supports systems improvement by providing agencies, communities and individuals with the skills, tools and knowledge

necessary to solve problems, strengthen relationships and gain greater access to resources.

Data Improvement, Evaluation, And Research

An effective data improvement, evaluation, and research agenda will guide decisions made by the Commission and others about planning and implementing programs for children from the prenatal stage to age five. Specifically, through this programmatic strategy, the Commission will 1) embark on a major partnership with a consulting firm; 2) partner with existing research efforts; 3) support data improvement and dissemination projects; and 4) support new and existing research projects.

III. COMMISSION FUNDING

The Children and Families Commission of Fresno County will receive approximately \$10 million each year through Proposition 10. Approximately ninety-two percent of these funds (\$9.2 million) will be used to fund activities under the programmatic strategies. This reflects the Commission's strong commitment to utilize the majority of funds for community activities that will improve the lives of young children and their families. Less than 10% of the funds will be used to cover operational and administrative costs. It is the intention of the Commission to fully allocate the majority of each year's revenue to high-quality, outcome-based programs.

A. FUNDING APPROACHES

In our effort to expand our role beyond functioning as strictly a funding agency and to implement programs across multiple systems, the Commission will utilize two funding approaches within the three Programmatic Strategies that have been developed. These funding approaches will help empower the community to develop innovative solutions to help children and families and will allow for flexibility in the use of Proposition 10 funds.

The two funding approaches are:

Commission-Developed Initiatives:

The Commission-Developed funding process will serve as a vehicle for the Commission to exercise its various roles in improving the lives of children and families in Fresno County. The Commission will seek to fund comprehensive initiatives that insure the long-term sustainability of funding, demonstrate highly effective collaboration, leveraged funding, and the significant improvement of baseline indicators for all children (0-5) in Fresno County.

The Commission is committed to working with community partners to fund effective programs and to address ongoing sustainability of successful efforts. The intent of Proposition 10 is to expand, identify and support successful strategies, build community

and capacity, and create systems that will support children and families after Proposition 10 funds no longer exist.

Community-Developed Initiatives:

The Community-Developed funding process will provide opportunities for individuals, organizations, agencies, and neighborhood and community groups to develop and propose programs, projects, services and activities to the Commission.

B. GENERAL FUNDING CRITERIA

Proposition 10 enhances existing programs by providing financial support for the integration between and among them and new services developed in response to the program strategies described in this Plan. Proposition 10 funds will not be used to replace existing funding for services but, instead, will be an additional source of funds to support linkages and program improvements that will be sustained through other funding mechanisms. All Proposition 10 funded programs will need to provide evidence of their experience and capacity for working with infants, young children, and their families in order that programs are the highest quality for this vulnerable population. In addition, all programs, projects, services and activities funded by the Commission shall:

- Be consistent with the guidelines of the Proposition 10 legislation;
- Focus on expectant parents, children from the prenatal stage up to age five and their families, who reside in Fresno County;
- Be culturally appropriate and responsive;
- Be based on current research, evaluation, "best" or promising practices, and innovative ideas;
- Reduce barriers to accessing services;
- Adhere to the values and guiding principles defined in this Plan;
- Move towards integration of services;
- Strengthen and build collaborative relationships among agencies and providers of services and families;
- Create strategic impacts which support the goals and objectives of the Plan; and
- Demonstrate a realistic need for Proposition 10 funding which does not supplant available sources of funds.

Summary of 2001-2002 Funding

For 2001-2002, the Commission funds will be allocated among:

- **Commission-Developed Initiatives**, granted through a publicized process, to fund activities that support specific priorities identified by the Commission or the leverage and magnify funds received by other agencies.

- **Community-Developed Initiatives**, reserved for the discretion of the Commission to support programs, projects, services, and activities developed and proposed by individuals, organizations, agencies, and neighborhood and community groups.
- **Long-term initiatives**, to support major multi-year programs.
- **Mini-Grants**, for support of small, one-time requests for which the Executive Director has decision authority, meaning these will not be read by outside readers, the Executive Director will review them and present recommendations to the Commission for approval.
- **Sustainability** to extend the longevity of Proposition 10 funding.
- **Evaluation** of funded activities and the operations of the Commission.
- **Administrative costs**, to be kept as low as possible with responsible management of a comprehensive, County-wide program.

IV. PLANNING & IMPLEMENTATION: NEXT STEPS

While the Commission begins planning for the next fiscal year, it will continue to implement the Strategic Results and Goals from the first Strategic Plan in accordance with its expanded roles, adoption of the two funding approaches, and in the context of the overarching goal of School Readiness. Planning for both Commission-Developed initiatives and Community-Developed initiatives within each programmatic strategy will involve multiple steps. Each of these steps will be initiated and completed by the Commission and its staff with input from the community (parents, children and family service providers, child advocates, research and policy experts).

The first step in the development of initiatives is identifying, analyzing and prioritizing the broad scope of needs of expectant parents, children from the prenatal stage to age five, and their families in the context of the County of Fresno's diverse populations, communities and service delivery systems. A clear understanding and definition of the problems, an assessment of their underlying causes, and an understanding of a community's strengths, assets and resources are essential to design effective initiatives and interventions. The Commission's work in this area began with the formation of the Children and Families Commission of Fresno County and continues as an integral part of the planning and implementation process of the Strategic Plan. The Commission's activities in this area include:

1. Compiling and analyzing existing research and needs assessments on expectant parents, children from the prenatal stage to age five and their families,
2. Gathering information, insights and ideas from the public, across Fresno County's diverse communities and consulting with a broad range of stakeholders and experts,
3. Locating and assessing existing programs, projects and services for purposes of identifying "best practices" or "promising ideas" to meet the needs of the diverse populations in the County,

4. Mapping existing service delivery systems across Fresno County to identify gaps in services,
5. Assessing community strengths, assets and resources,
6. Assessing barriers to accessing services and the capacity of service delivery systems to provide comprehensive and integrated services, and
7. Identifying gaps in our knowledge and data collection systems as they pertain to information about expectant parents, children from the prenatal stage up to age five and their families.

The next steps in the planning and implementation process will be to develop and design Commission-Developed Initiatives for each of the three Programmatic Strategies, based on the findings of the needs assessments, research and identified priority areas. The Commission will seek feedback from community stakeholders as part of the process of finalizing the design of each initiative. To implement the Commission-Developed Initiatives, and based on the type of initiative, the Commission will: 1) develop and issue Request for Proposals (RFPs) with clearly defined funding criteria; and 2) partner with other entities in the County of Fresno to implement initiatives. Through a concurrent planning process, the Commission will further develop and finalize its Community-Developed Initiative Funding Criteria for each programmatic strategy, and develop and distribute guidelines on the application processes, corresponding to the different grant formats to be utilized.

Additional steps required for the implementation of this Strategic Plan's Programmatic Strategies, for both the Commission-Developed Initiatives, involve ongoing activities that include: implementing, coordinating and monitoring the proposal review process; awarding and monitoring the use of funding; monitoring program implementation and evaluation activities conducted by service providers; and providing technical assistance and training.

The Commission is committed to developing collaborative and mutually productive relationships with service providers to ensure maximum benefits to expectant parents, children from the prenatal state to age five and their families countywide. Commission staff will work with service providers to monitor the implementation of programs and evaluation activities, as well as provide technical assistance and gather feedback information. This information will be used to guide the Commission as it continues to plan and develop the Programmatic Strategies.

Summary of Planning and Implementation: Next Steps

1. Continue the public engagement and input process to receive feedback on all aspects of developing and implementing the Programmatic Strategies.
2. Continue to assess community strengths and resources, needs and gaps in services, and review available research and information on "best" and "promising" prevention or intervention practices as they relate to the four Indicators

3. Develop initiatives based on the results of the community assessments and identified priorities
4. Determine additional criteria and the application processes for Commission- and Community-Developed Initiatives
5. Release information to the community on funding opportunities
6. Conduct proposal reviews
7. Award grants
8. Monitor the implementation and evaluation of funded programs
9. Conduct evaluation of all funded programs, initiatives and Commission activities
10. Continue a yearly review, public distribution, modification and adoption of the Strategic Plan with a target completion date of June of each year.

V. MEASURING SUCCESS

The Commission considers evaluation to be a critical part of the Strategic Plan. In our commitment to results-based accountability, our evaluation efforts impact both program and population-based activities. Program refers to the Commission's overall program which includes individual funded projects and may include other activities such as training. As part of the Request for Proposals (RFP) process, Commission staff provide applicant workshops that deal with the identification of program goals and feasible objectives, as well as delivering a vision of agency empowerment through evaluation. Agencies are guided to identify appropriate process, impact, and outcome indicators for their projects. Each of the agencies we fund includes an evaluation plan as a scope of work element in the contract and submits an evaluation progress report each quarter.

Population-based evaluation is a long-term process to demonstrate the broad community results of the work of the Commission and other local organizations. The first step is gathering baseline data in the areas that impact a child: pre-natal care; maternal and birth outcomes; morbidity and mortality; poverty levels; local, state, and federal programs (e.g., WIC and TANF); housing conditions; environmental issues; and quality child care and education to name a few. These data serve as a platform for measuring success in the future. Additional steps in population-based evaluation include developing evaluation instruments, protocols and timelines for data collection, reporting, and dissemination. Each step of the way, we will conduct these efforts in conjunction with State evaluation resources and activities.

In order to advance the Commission's program and population-based evaluation, we recently secured an Evaluation Contractor to provide training and local assistance to staff in funded agencies to increase evaluation skills in developing and implementing their evaluation plans, identifying valid and reliable tools, employing appropriate data collection methods and analysis, and report submission. Additionally, the Contractor will assist projects by developing an Internet-based integrated information system that encompasses contract and case management, program goals and objectives, evaluation

indicators, performance measurement, analysis, reporting and invoicing. The Contractor will also assist the Commission in refining the evaluation indicators and performance measures in future strategic planning processes and RFPs.

All of these steps are intended to help the Commission to maximize its resources and involve not only the funded projects, but also the community at large in the evaluation process of Proposition 10 funds.

VI. CONCLUSION

The *Putting Children First* Plan is a work in progress. The Commission realizes that the Plan is ambitious and will take many years to fully implement. The need for ongoing planning, evaluation of program, and the continual revision and refinement of the Plan is key to the successful achievement of the desired outcomes identified. The Commission will continue to be review, evaluate and revise the Strategic Plan on an annual basis as to ensure that every infant and young child will enter school physically, mentally, socially and developmentally ready for school.

The creation of the Children and Families Commission of Fresno County provides an unprecedented opportunity to contribute toward the work of numerous public and private agencies, non-profit organizations, individuals, and coalitions that have worked for years to improve the lives of children and families. The Commission looks forward to being instrumental in bringing people and resources together on behalf of expectant parents, children from the prenatal stage up to age five and their families. *Putting Children First* is a critical step toward achieving that end.

DATA SUMMARY

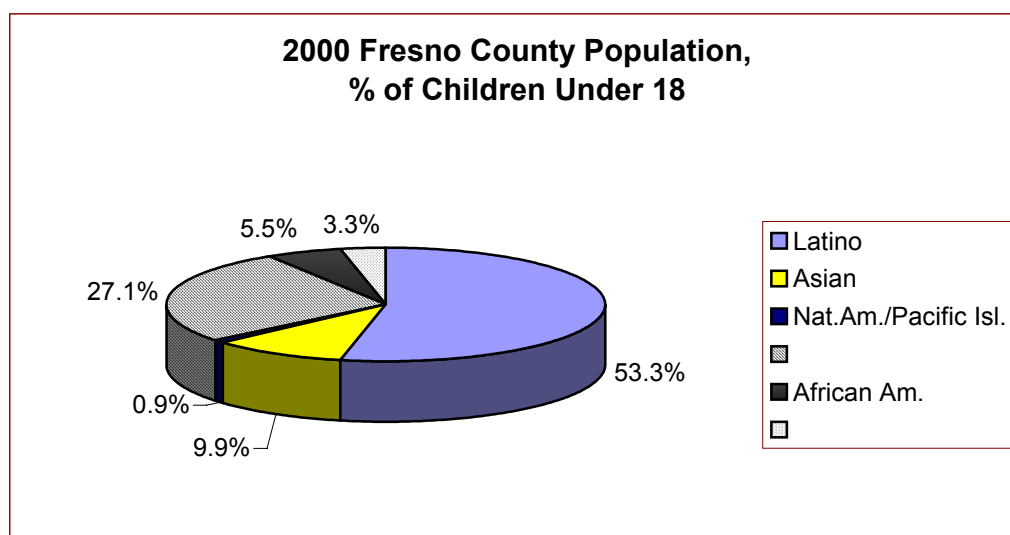
INTRODUCTION

The Children and Families Commission of Fresno County (CFCFC) launched its first Strategic Plan in 1999. Since, the local early childhood community has engaged in various needs assessments and recent children's data were published from other sources. CFCFC staff sought all data sources available in order to provide the most complete data compendium available for the second edition of the Plan. As in the original quest for data acquisition, piecing an accurate and detailed picture of the status of children and families was challenging. No single agency in the county serves as a data warehouse for such data and there is no particular place to easily find this information. The data that follow were gathered with the help of community members that attend the Commission meetings and service providers from the first round of awards. We are indebted to them, early childhood experts, and researchers and at the local, state, and federal levels who improve the lives of all children by identifying baseline data each year.

ABOUT FRESNO COUNTY

Fresno County, one of the largest Central Valley counties, boasts a land area of 5,963 square miles. Census data reveal that there are approximately 134 persons per square mile, many of whom live in substandard conditions and low economic profiles (*Census Bureau, 2000*). In 1997, the median household money income was \$31,587, eight thousand dollars less than the state average. The number of persons living below poverty was 25.6% for the total population compared to 16% for California. The number of children ages 0 to 4 living in poverty in Fresno County (42.2%) exceeded that of the state's average for poor children (28.6%) in 1996 (*Census Bureau, Small Area Income and Poverty Estimates Program, 1999*). The county was ranked 56 for the latter.

Figure 1 - Percent of Children under 18 years of age, Fresno County

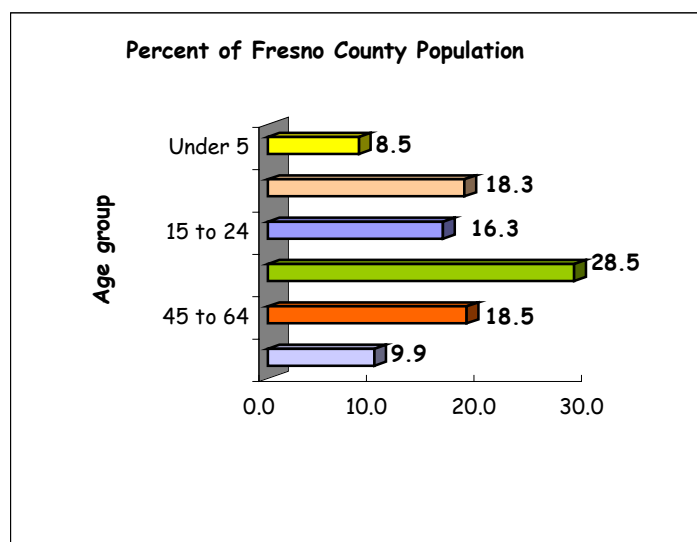


Source: U.S. Census Bureau, 2001.

DATA SUMMARY

In 2000, the population for Fresno County totaled 799,407, thirty-two percent of which were children under 18 years of age (Figure 1), and 8.5% were children under 5 (Figure 2). Latino residents make up 44% of the total population, followed by White (39.7%), Asian (7.9%), African American (5%), Native American/Pacific Islander (0.9%), and persons of other or 2+ races (2.5%). Figure 1 shows that children under 18 years of age follow a similar ethnic composition. In 1998, it was estimated that over 91,000 of children ages 0 to 5 resided in Fresno County (Table 1). Fifty-two percent of them were identified as Latino, 28.5% White, 12.9% Asian, 5.8% African American, and 0.8% Native American/Pacific Islander.¹

Figure 2 - Fresno County Population by Age Group, 2000 Census



Source: U.S. Census Bureau, 2001

Table 1. Fresno County Race and Ethnicity - Total and Child Population

Race ² /ethnicity	Total Population, 2000 (%)	Children ages 0-5, 1998 (%)
Latino	351,636 (44)	47,301 (51.9)
White	317,522 (39.7)	26,000 (28.5)
African American	40,291 (5)	5,309 (5.8)
Asian	63,029 (7.9)	11,761 (12.9)
Native Am./Pac. Islander	6,905 (0.9)	695 (0.8)
Other/2+ races	20,024 (2.5)	N/A
Total	799,407	91,066

Source: Total population-U.S. Census Bureau, 2001; Children-California Dept. of Finance, Demographic Research Unit, 1999

¹ Census data categories of Other race and 2+ races were not published until the 2000 census.

² Race for Non-Hispanics.

DATA SUMMARY

POVERTY

Research has shown that growing up in poverty affects children's cognitive and physical development and that living with very limited income profoundly impacts children's earliest years. Despite working parents, thirteen California counties have young child poverty rates of 30% or higher. Central Valley children are among those most likely to be poor,³ with Fresno and Tulare's children under five experiencing some of the highest rates, 42.2% and 44.7%, respectively (California Report Card '99).

MATERNAL AND CHILD HEALTH

Early and continuous prenatal care is the single most important factor to insure a healthy infant at birth. In the first trimester of life, prenatal care is important for the detection of maternal illnesses such as diabetes and high blood pressure that may contribute to poor maternal and birth outcomes. Identifying alterable lifestyle habits such as substance abuse at an early stage can improve fetal outcomes. In general, prenatal care is a way of monitoring to make sure that each stage of the pregnancy goes well.

From 1990 to 1998, Fresno County's rates of prenatal care in the first trimester increased from 67.3% to 81.6% [California Maternal and Child Health Data Book (CMCHDB), 2000]. The improvement was not always consistent from year to year and the county ranked 21 of 58 counties in 1998.⁴ For the same time period, there was a concomitant decrease in percent of late or no prenatal care, 26.9% in 1990 and 17.5% by 1998. Again, there was no consistent decrease and a state rank of 20.

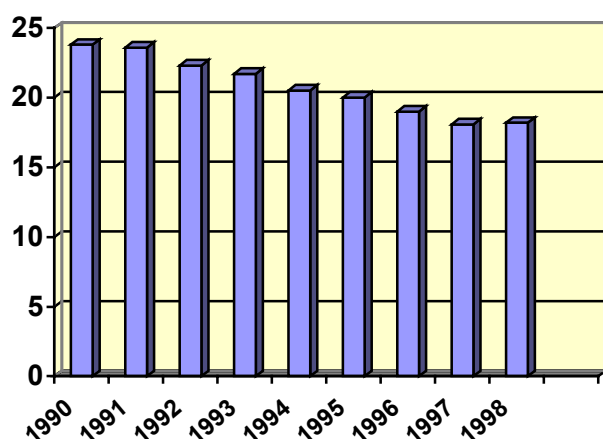
State Maternal and Child Health data for Fresno County show a fairly consistent decline in the birth rate since 1990 (Figure 3). There were 15,542 births in 1990 and a birth rate of 23.8%. In 1998, the birth rate was 18.2 per 1,000 and 14,363 births were recorded in the county. Birth projections for the year 2008 number 17,134 in Fresno County (California County Data Book 1999). Data for 1997 reveal that 56.6% of births by mother's race/ethnicity were Latino, 27% White, 10.2% Asian/Pacific Islander, 5.6% African American, and 0.6% Native American.

³ Poverty was defined as \$16,450 or less annual income for a family of four in 1998. (California County Data Book 1999)

⁴ Number 1 is the best ranking.

DATA SUMMARY

Figure 3 – Birth rate per 1,000 estimated population



The average number of babies born to women with less than a high school education was 6,536 for the years 1995-1997 or 44.7% (California Dept. of Health Services, Center for Health Statistics, 1999). Surpassing the state average (19.3%), the county ranked 51 in this category. In the same time period, there were an average of 2,562 births to teen mothers in the county for a birth rate of 87.9 per 1,000 females ages 15-19. Fresno County ranked 49th in the state for its high rate of teen births (Table 2). In 1997, 40.7% of all births in the county were to unmarried women (California County Data Book 1999). The percent of births funded by MediCal and other government programs was 61.7%, 19.2% by private insurance, and 16.5% by HMO and prepaid plans.

Table 2 – Teen Births, 1995-1997

	Fresno County	California
Average number of births to teens, 1995-1997	2,562	63,204
Average Rate (number of births per 1,000 females ages 15-19), 1995-1997	87.9	61.8
Rank in California	49	-
1995 Rate per 1,000 females ages 15-19	94.7	67.2
1996 Rate per 1,000 females ages 15-19	85.7	61.6
1997 Rate per 1,000 females ages 15-19	83.9	56.7

Source: California Dept. of Health Services, Center for Health Statistics.

DATA SUMMARY

INFANT MORTALITY AND LOW BIRTH WEIGHT

The infant mortality rate has dropped from 8.5 per 1,000 live births in 1990 to 6.5 in 1998, with Fresno ranking 26 among all California counties. The percent of low birth weight babies (<2,500 g/5.5 lbs.) has remained fairly constant at approximately 6.4%, showing a 0% change from 1990 through 1998. In contrast, very low birth weight babies (<1,500 grams), have increased slightly from 1.0 in 1990 to 1.4 in 1998 (California County Data Book 1999).

SUDDEN INFANT DEATH SYNDROME (SIDS)

In the United States sudden SIDS accounts for approximately 3,000 infant deaths a year. Between 1996 and 1998, there were 314 neonatal and postneonatal deaths recorded in Fresno County (Fresno County Maternal and Child Health Fetal Infant Mortality Review (FIMR) Program, unpublished data). FIMR data identified 38 of these deaths as SIDS with a racial/ethnic breakdown of 13 White, 13 Hispanic, 11 African-American, and 1 Asian. Exposure to tobacco smoke has also been linked with an increased risk of SIDS. A review of tobacco exposure shows that of the 38 SIDS deaths, 12 mothers (32%) reported they smoked during their pregnancy and two (5%) reported tobacco use in the home. The SIDS mortality rate for the years of 1993-1995 was 1.02 deaths per 1,000 births, compared to 0.88 deaths for the years of 1996-1998. This downward trend corresponds to the pattern seen at the state level (63.6% decline statewide from 1990-1998).

BREASTFEEDING

Surveys administered to mothers being released from the hospital after a delivery capture nursing practices. In 1994, the self-reported rate of breastfeeding only at hospital discharge was 39.0 and it decreased to 37.0 by 1998 (Figure 4). On the contrary, the rate of breastfeeding and formula supplementation increased consistently each year from 1994 (66.0 per 100) through 1998 (78.0 per 100). Fresno County ranked 47th for breastfeeding alone in 1998 and 45 for any combination of breast/formula supplementation.

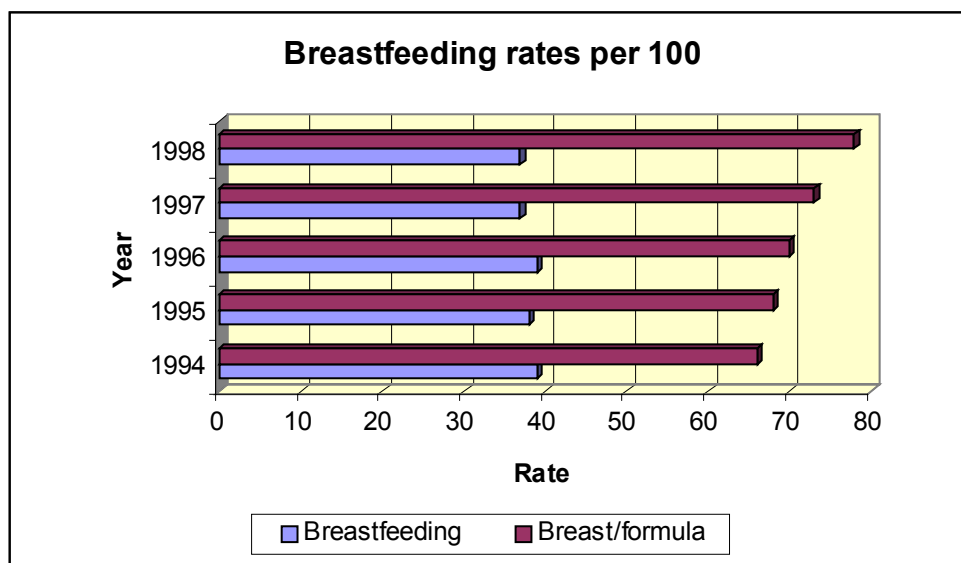
WIC/TANF

In June of 1998, there were 18,505 WIC participants ages 0-4 in Fresno County. Compared to California's 68.4% of eligible children ages 0 to 4, Fresno County only had 36.7% eligibility for the July 1997-June 1998 fiscal year. These figures placed Fresno County in its familiar place among the worst rankings in the state, 58 of 58 (CA Dept. of Health Services, WIC Branch).

The average number of children ages 0 to 5 receiving temporary aid to needy families (TANF) from 1996 through 1998 was 30,073 in Fresno County. Similar to the downward trend in California, the percent of eligible children decreased from 36% in 1996 to 29.3% in 1998. (CA Dept. of Health Services, Medical Care Statistics Section, 1999). Fresno County ranks 51 for TANF benefits.

DATA SUMMARY

Figure 4 – Breastfeeding rates at hospital discharge, 1994-1998



Source: CA Dept. of Health Services, MCH Branch, using data from Genetic Disease Branch, Newborn Screening Test.

QUALITY EARLY EDUCATION

Despite a high eligibility status, Fresno County ranked 39th out of 40 counties in enrollment in Head Start in 1997 (California Report Card '99). The rate of enrollment for Fresno County was 32%, with Madera and Kern counties faring minutely better (37% and 36%).

In 1997-1998, there were 457 total child preschool programs in public libraries. Fresno County's rate of 0.5 programs available per 100 preschool children was lower than the State's (1.4 per 100). The ranking among all counties was 47, slightly better than the ranking for number of hours that public libraries are open for preschool children during the same time period (52). There were 3.6 public library hours open per month per 100 children ages 0 to 5.

CHILD CARE

There were very few slots at childcare for Fresno County's infants in 1998 (5%). The average cost parents paid for this care was \$543, \$108 lower than the state average. The monthly dollars for preschoolers' care was lower than that of infant care (\$407) in 1998 (California Child Care Resource and Referral Network, San Francisco, 1999).

FOSTER CARE/VIOLENCE

Fresno County ranked 41 for the high average of children ages 0 to 5 in foster care (1,064) from 1995 through 1997. The average rate (number of children in foster care per 1,000 children) of 11.4 was higher than the California average of 9.8 (University of California, Berkeley, Child Welfare Research Center). Undoubtedly, some of these children were in foster care due to child abuse in their home. From 1994 to 1996, there was an increase in the rate of child abuse reports in Fresno County. In 1994, there were an average of 89.9 reports of child abuse per 1,000 children in the population, 90.6 in 1995, and 105.3 in 1996. For this time period,

DATA SUMMARY

Fresno county ranked 31st in the state (California Dept. of Social Services, Data Analysis and Publications Branch).

Data for gun injuries and deaths are currently reported jointly, something that will hopefully be reported separately in the future. The average number of children that were injured or fatally wounded from 1995 to 1997 was 1.3 in Fresno County, much less than the state average of 47.7. The average rate was identical to the state's, 1.4 number of gun injuries or deaths to children per 100,000 children ages 0-5 (California Dept. of Health Services, EPIC Branch).

INJURIES

The rate of motor vehicle injuries to children ages 0 to 5 in 1996 was 422, 336 in 1997 and 310 in 1998. The rank was 41.

CHILD SUPPORT

From 1996 to 1998, there were an average of 64,853 child support cases with order of support in Fresno County (77%). The average collection per month was \$75 (National Center for Youth Law).

SUBSIDIZED MEALS

There were 105,414 children eligible for subsidized school meals from 1997 to 1999, an average of 60.7%. The ranking for this county is 52 (California County Data Book 1999).

WELL-BEING

Fresno County has the dubious distinction of ranking number one among the counties with the lowest ranks of well-being of children ages 0 to 5 based on eight ranked indicators (California County Data Book 1999).

CHILDREN AND FAMILIES COMMISSION OF FRESNO COUNTY

2001-2002 STRATEGIC PLAN

GOAL, OBJECTIVES & OUTCOMES

GOALS AND OBJECTIVES

I. IMPROVED FAMILY FUNCTIONING: Strong families		
Goal 1. Parents are knowledgeable and empowered to meet the needs of their children and families.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
<p>Increase parental knowledge, skills, and capacity to provide effective and nurturing newborn and infant care</p> <p>Increase parental knowledge of child development and parenting, including the impact of child abuse and domestic violence on children</p>	<p>Increase attendance at parent support groups targeting at-risk from child abuse</p> <p>Increase attendance at family focused anger awareness workshops</p> <p>Increase utilization of nutritional, education and food supplement programs</p> <p>Increase enrollment in prenatal and breastfeeding classes</p> <p>Increase in breastfeeding rates</p> <p>Increase in mothers enrolled in comprehensive perinatal programs</p> <p>Increase enrollment in parental classes for teen parents and other at-risk families</p> <p>Increase parental courses geared to extended family members raising children.</p>	<p>Expand and develop parent education for ALL families having children ages 0 to 5</p> <p>Expand specialized education and support programs for:</p> <ul style="list-style-type: none"> ▪ Children with special medical, developmental, emotional, and behavioral needs; ▪ Parental substance abuse issues; Parental mental illness issues; ▪ Parental developmental and other disabilities; ▪ Teen parents; ▪ Incarcerated parents; ▪ Domestic violence in the family; ▪ Families with history of child abuse and/or neglect; ▪ Foster families; ▪ Extended family members raising children; ▪ Breastfeeding; ▪ Adoptive parents; and ▪ Expand capacity of perinatal providers to provide breastfeeding support

GOALS AND OBJECTIVES

I. IMPROVED FAMILY FUNCTIONING: Strong families		
<u>Goal 1.</u> Parents are knowledgeable and empowered to meet the needs of their children and families.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
	<p>Increase parenting alternative information including voluntary adoption planning</p> <p>Increase information to ALL parents through common contact points (e.g., churches, schools, grocery stores, television and radio, on buses, and through existing clubs/organizations)</p> <p>Increase in number of oral health resources for families with children 5 years and younger</p>	<p>Expand and develop home visitation programs, which will be available to ALL families of newborn infants dependent on family need and choice</p> <p>Develop innovative educational programs</p> <p>Expand and support parent informational hot lines</p> <p>Increase parental knowledge of standards for quality child care</p> <p>Increase parental knowledge of existing services</p> <p>Develop and support Children and Family Centers located where families live their lives</p>

GOALS AND OBJECTIVES

I. IMPROVED FAMILY FUNCTIONING: Strong families		
<u>Goal 2.</u> Parents of children with special health, developmental, emotional, and behavioral needs receive appropriate support and educational programs.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
Increase parental skills and supports to meet the needs of their children	Increased numbers of children and families using programs	Expand and develop educational and support programs for parents of children with special needs
Increase parental understanding of the special needs of their children	Increased numbers of families utilizing comprehensive child development and family support programs.	Develop parent-to-parent, peer-to-peer and mentoring programs
Increase parental understanding of their own emotional needs regarding parenting a child with special needs	Increased numbers of families receiving infant-family mental health screening and intervention	
	Increased parents attending parent support groups	

GOALS AND OBJECTIVES

II. IMPROVED CHILD DEVELOPMENT: Child learning and ready for school		
Goal 3: Children and families have access to high quality child care and early education programs.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
<p>Increase capacity to serve infants and children in licensed family child care homes and centers</p> <p>Increase quality of care and educational programs</p> <p>Increase in number of accredited child care programs in Fresno County</p> <p>Increase number of child care staff in career/ educational tracks to improve career opportunities and build retention</p>	<p>Increase number of licensed family child care homes and centers in areas of need</p> <p>Increase in subsidized child care slots to meet needs of working poor</p> <p>Increase in number of mini-grants awarded to providers for capacity building and quality improvements</p> <p>Increase in number of children in quality child care setting</p> <p>Increase in number of trained mentors for family child care providers and child care centers</p> <p>Increase in number of child care staff care in career ladder educational tracks</p> <p>Decrease in turnover of child care staff</p> <p>Increase in number of child care training courses with materials provided in providers multiple languages</p>	<p>Recruit, support, assist, and provide grants to potential child care providers for education, start up support, staffing, facilities and facility improvement, and to meet licensing requirements</p> <p>Develop child care facilities in rural areas</p> <p>Increase capacity of child care in non-traditional environments</p> <p>Utilize existing standards (i.e. Family Child Care Rating Scale, Early Children Environment Rating Scale, School Age Rating Scale) for monitoring early education and child care systems</p> <p>Provide training, mentors, and grants for accreditation and provide peer support through the self-study process of accreditation</p> <p>Subsidize education and salaries of child care staff to enhance utilization of Early Care and Education Permit Matrix</p>

GOALS AND OBJECTIVES

II. IMPROVED CHILD DEVELOPMENT: Child learning and ready for school		
<u>Goal 4.</u> Children with special health, developmental, emotional, and behavioral needs are identified early and receive quality intervention continuously from birth through kindergarten entry.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
<p>Welcome infants and young children with special needs into child care and early childhood education settings where their special needs are accommodated</p> <p>Increase children's access to early developmental, emotional and behavioral screening and access to early intervention for developmental delays and emotional behavioral needs</p> <p>Provide continuous opportunities for infants and young children with special needs to participate in programs that address their special needs</p> <p>Accessible specialized therapies and intervention programs are integrated into child care and early education settings</p>	<p>Increase number of special needs children using child care and preschool</p> <p>Increase number of preschool enrichment programs offered which includes special needs children</p> <p>Increase in number of referrals for postnatal home visitation and assessment of special needs</p> <p>Increase in child care staff trained to work with children with special needs</p>	<p>Create child care opportunities and early childhood educational classes for children 0 to 5 years of age with special needs</p> <p>Create a safety net for newborn infants by screening for risk factors and referring to appropriate home visitation and parenting assistance programs</p> <p>Develop referral guidelines for early intervention, specialized medical and psychological services</p> <p>Provide training for all childcare providers to accommodate and include children with special needs into the programs</p> <p>Leveraging of funds to modify facilities to accommodate children with special needs and meet licensing requirements</p>

GOALS AND OBJECTIVES

III. IMPROVED CHILD HEALTH: Children are healthy		
Goal 5. Infants are born healthy, at full term and free from prenatal exposure to tobacco, drugs, and alcohol.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
Increase number of women accessing prenatal care in the first trimester	Increase in educational programs regarding prenatal care	Augment and enhance outreach programs that provide information about the importance and availability of prenatal and postnatal health care programs
Decrease number of low birth weight infants	Increase in number of women served in first trimester	
Reduce the use of tobacco, alcohol, drugs and other harmful substances during pregnancy	Decrease in number of low birth weight infants	Increase screening, assessment, referral and treatment for women identified at risk for prematurity and intrauterine growth retardation
Improve screening, assessment, referral and treatment of pregnant women and families of infants and young children using tobacco, alcohol, and drugs	Increase in number of healthy births with prenatal health care	Expand capacity of perinatal system to identify families at risk for alcohol, tobacco and other drugs
Decrease use of tobacco products in homes where young children live	Increase in referrals of pregnant families and families of infants and young children to tobacco, alcohol, and drug programs	Expand and develop family focused perinatal substances abuse treatment programs that include services for infants and young children
Increase preconceptual planning among families with children 0 to 5	Decrease in infants prenatally exposed to tobacco, alcohol, and drugs	Create smoking cessation and education programs for pregnant women and parents of young children
	Improved birth outcomes and child development	Create tobacco cessation programs linked to child care and parent education
	Decrease in babies and young children exposed to second-hand smoke	
	Decrease in number of low birth weight infants	

GOALS AND OBJECTIVES

III. IMPROVED CHILD HEALTH: Children are healthy		
<u>Goal 5.</u> Infants are born healthy, at full term and free from prenatal exposure to tobacco, drugs, and alcohol.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
	<p>Decrease in prevalence of asthma and other preventable chronic and acute childhood diseases</p> <p>Increase in parents and family members attending tobacco cessation programs</p> <p>Increase in families with children age 0 to 5 using family planning services</p> <p>Increase in information made available for pregnant women regarding the link between oral health and pregnancy outcomes</p>	<p>Create public awareness through media and education regarding the effect of second-hand smoke on infants and young children</p> <p>Create county-wide and culturally responsive smoking cessation and education programs for pregnant women and parents of young children</p> <p>Implement community outreach programs regarding the benefits of family planning</p>

GOALS AND OBJECTIVES

III. IMPROVED CHILD HEALTH: Children are healthy		
Goal 6. Children are physically and mentally healthy and well nourished.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
<p>Increase child access to health, mental health and dental services</p> <p>Increase access to specialist care for infants and young children with special care needs</p> <p>Increase number of infants and young with a consistent health care provider who monitors health and intervenes in illness</p> <p>Decrease prevalence of asthma and other preventable chronic childhood diseases</p> <p>Increase access of infants and young children to good nutrition and exercise</p> <p>Increase in number of infants and children with health insurance</p>	<p>Increase in screening of infants and young children for special health needs</p> <p>Increase in children receiving appropriate level of care</p> <p>Promote the benefits of breastfeeding for optimal health and child development</p> <p>Increase enrollment in breastfeeding, nutritional education and food supplement programs</p> <p>Increase in number of breastfeeding infants at hospital discharge and the total breastfeeding rate at age 6 months and up to one year using Women Infant and Children data</p> <p>Increase in number of exclusively breastfeed infants age 0 to 6 months</p> <p>Increase in babies and young children covered by health insurance</p>	<p>Enhance the capacities of local health providers to conduct health, dental, mental and developmental health screening and provide care and immunizations in rural areas</p> <p>Expand and develop perinatal health care, home visitation, specialized and intensive parenting programs that promote the benefits of breastfeeding for optimal health and child development</p> <p>Develop screening and referral programs for asthma, diabetes, and other common childhood health problems and train child care and early education program staff to conduct routine health, developmental, and mental health screening of children in their care</p> <p>Provide literature and educational programs on breastfeeding, nutrition and food preparation to medical providers, families and the community</p>

GOALS AND OBJECTIVES

III. IMPROVED CHILD HEALTH: Children are healthy		
<u>Goal 6. Children are physically and mentally healthy and well nourished.</u>		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
		<p>Train health care providers, hospital staff, and child care providers on the American Academy of Pediatric guidelines and Standards</p> <p>Provide wellness information kits for newborns that include information on breastfeeding and available support services</p> <p>Provide information to parents and providers regarding availability of health care and health insurance and the importance of having a regular medical health provider</p> <p>Assist in work site breastfeeding support programs</p>

GOALS AND OBJECTIVES

III. IMPROVED CHILD HEALTH: Children are healthy		
Goal 7. Children are free from violence and injury -both intentional and unintentional.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
Decrease the number of preventable/intentional injuries to children	Decreased number of emergency room visits	Provide education to parents regarding preventable and/or intentional injuries
Decrease the number of children exposed to violence	Improved child development and functioning	Provide environmentally safe settings for child care programs and provide incentives for improving safety
Decrease the number of children injured in automobile accidents and other unintentional injuries	Increase in number of parents receiving anger management education and services	Provide training to care providers regarding effects of child abuse and domestic violence on your children, child abuse identification, reporting and the relationship between domestic violence and child abuse
	Increase the number of care providers and law enforcement personnel receiving training on the effects of abuse and domestic violence on young children	Increase public awareness efforts regarding domestic violence
	Increase in parents receiving education on automobile safety seats and other safety issues	Provide education to parents about the effects of domestic and physical violence on children
		Provide domestic violence training to law enforcement and providers relating to prenatal and postnatal child abuse

GOALS AND OBJECTIVES

III. IMPROVED CHILD HEALTH: Children are healthy		
<u>Goal 7.</u> Children are free from violence and injury -both intentional and unintentional.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
		<p>Provide education to parents on automobile safety seats, bike helmets, poison control, and other safety issues.</p> <p>Expand and develop car seat safety programs and provide car safety seats at reasonable prices to families.</p> <p>Develop media campaign on accident prevention (the number one killer of children 0-5)</p>

GOALS AND OBJECTIVES

III. IMPROVED CHILD HEALTH: Children are healthy		
Goal 8. Communities and parents are educated about the importance of early childhood development, health, nutrition, and child safety.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
Parents, professionals, the general public and the business community become knowledgeable about the importance of health, nutrition, child safety and early childhood development and provide resources and support to families to meet the needs of all children	<p>Increased community awareness of the health care needs of infants and young children</p> <p>Increase in number of workplaces offering work site child care, and/or lactation rooms</p> <p>Increase in oral health education for parents and families</p>	<p>Develop public information campaigns to increase community awareness of the needs of infants and young children</p> <p>Produce public service announcements regarding early childhood health care issues</p> <p>Promote and support one-stop shopping for services in community based centers where infants, young children, and their families access programs (e.g. child care facilities, community centers, shopping areas, banks, schools, etc.)</p> <p>Work to assure that playground equipment is appropriate and safe for toddlers and preschool children</p> <p>Promote the advantages of a workforce using quality child care and develop flexible policies that support parents</p> <p>Assist in work site breastfeeding support programs</p>

GOALS AND OBJECTIVES

IV. IMPROVED SYSTEMS FOR FAMILIES: Integrated, accessible and culturally appropriate services		
<u>Goal 9.</u> An integrated service delivery system provides high quality care for infants, young children, and their families throughout Fresno County.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
Identify existing resources, services and programs in community areas to determine need	Increase number of meetings among service providers who provide similar programs	Identify existing resources and points of service delivery to determine areas of need and conduct mandatory seminars to inform service providers of all services available to children and families
Conduct a needs assessment and collect data for prioritizing program implementation and evaluation of implemented programs	Increase in general public with awareness of quality care	
	Increase in proficiency of providers to collect data	Increase in public service announcements educating parents about child care
Develop a mechanism for data accumulation and dissemination	Decrease in number of duplicated services	
	Expansion of multidisciplinary teams (e.g. teams with medical health, mental health, child care, and parent education specialists)	Increase capacity of family child providers to collect data that reflects the population they serve
Increase integration and collaboration among all service providers		Develop a program for cross referrals between resources
Increase cross referrals to all services provided to children and families in Fresno County	Increase in people receiving direct multidisciplinary services	
Improve communication among service providers to achieve higher levels of service integration	Increase in service programs that document cultural awareness, sensitivity, and competence of care providers	
Increase child service providers who are knowledgeable about children ages 0 to 5	Reduction of tobacco use by parents and families and young children	

GOALS AND OBJECTIVES

IV. IMPROVED SYSTEMS FOR FAMILIES: Integrated, accessible and culturally appropriate services		
<u>Goal 9.</u> An integrated service delivery system provides high quality care for infants, young children, and their families throughout Fresno County.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
Increase number of families accessing services through improved delivery systems Increase access to best practice models and recent scientific findings for children and families		Integrate tobacco use prevention and/or cessation programs into all programs

GOALS AND OBJECTIVES

IV. IMPROVED SYSTEMS FOR FAMILIES: Integrated, accessible and culturally appropriate services		
Goal 10. Quality childcare, health care, and early education are readily accessible to all children and families in Fresno County.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
<p>Increase in numbers of parents who know what is quality child care</p> <p>Increase supply of quality programs that are available, accessible, and affordable</p> <p>Increase number of parents who know how to access quality child care services and resources (subsidized care)</p> <p>Increase accessibility of training on safety, child development and age appropriate activities to child care providers</p>	<p>Increase in children ready to function well in school</p> <p>Increase in child care slots in rural areas</p> <p>Decrease in numbers of families unable to access programs for financial reasons</p> <p>Reduction in stigma and fear associated with receiving services</p> <p>Design programs to promote the benefits of services to infants and young children including how to access needed services</p> <p>Increase in numbers of parents that use community resources for child care, health care, and early education</p> <p>Increase in training courses provided Fresno County and increase in providers completing courses</p> <p>Increase in incentive programs for providers/staff taking extensive training</p>	<p>Increase outreach and facilitate application to help families apply for existing health services</p> <p>Design programs to decrease stigma and fear associated with receiving services</p> <p>Provide funds for community-based Children and Family Centers using diverse service delivery sites (e.g. schools, faith-based young children organizations, community centers, etc.)</p> <p>Recruit, support and provide licensing and start up support for potential child care providers</p> <p>Provide continuing education courses and seminars stressing areas of safety, child development, and use of appropriate activities for each age to enhance and enrich the early education process</p>

GOALS AND OBJECTIVES

IV. IMPROVED SYSTEMS FOR FAMILIES: Integrated, accessible and culturally appropriate services		
<u>Goal 10.</u> Quality childcare, health care, and early education are readily accessible to all children and families in Fresno County.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
	Decrease in average distance between programs and families with infants and young children	Implement incentive programs for providers caring for foster children and children with special needs
	Increase in incentive programs for providers/staff taking extensive training	Establish allocation or stipend program to assist child care providers in obtaining fingerprinting

GOALS AND OBJECTIVES

IV. IMPROVED SYSTEMS FOR FAMILIES: Integrated, accessible and culturally appropriate services		
<u>Goal 11:</u> Transportation is available, accessible, coordinated and well publicized throughout the County enabling children and families to have full access to programs.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
<p>Improve rural transit system to provide affordable transportation among rural and between rural and urban communities</p> <p>Increase flexibility and availability of transit system</p> <p>Increase affordable transportation to child care, medical appointments, and parenting classes</p> <p>Increase the efficiency in the current transportation system</p>	<p>Increase in available and accessible transportation for families of children and age 0 to 5</p> <p>Increase in rural transit routes and frequency of services</p> <p>Decrease in number of families reporting programs are too far away or are too costly</p>	<p>Survey transit users on accessibility and cost of services and how the current system may be improved to provide broader access to services that children 0-5 and their families may need</p> <p>Educate transit officials about needs of families and establish new routes or increase frequency of services</p> <p>Establish collaborations between schools, faith-based and community-based organizations to provide a network of transportation for children 0 to 5 and their parents</p> <p>Promote placement of child care providers along travel routes to parents' work or at work sites.</p>

GOALS AND OBJECTIVES

IV. IMPROVED SYSTEMS FOR FAMILIES: Integrated, accessible and culturally appropriate services		
<u>Goal 12:</u> A personnel pool of qualified and educated professionals, who obtain continuous, on-going training, are available for child care, early education, parent support and education, child and family health, and wellness programs.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
<p>Increase supply of qualified service providers</p> <p>Increase number of service providers who are culturally competent and linguistically correct</p> <p>Improve retention of qualified staff to stabilize child care workforce</p>	<p>Increase in pool of qualified trainers and programs offered</p> <p>Increase in training courses countywide and the number of care providers taking training courses</p> <p>Increase in number of providers who are culturally competent and speak the language of the families who are served</p> <p>Increase in providers attending cultural awareness, sensitivity and competency courses</p> <p>Decrease in turnover and vacancies in County and agencies providing children's services</p> <p>Increase in training courses integrated with mentoring, career advising, second language development, and community parent groups</p>	<p>Establish scholarships and stipends for students entering child service professions in exchange for a set number of years of service</p> <p>Provide continuing education in areas of culture, health care, child care, child development, and parent education</p> <p>Work with existing educational institutions to expand training of quality service providers in child care, family health, and parent education, stressing language and cultural competency</p> <p>Provide for increased salaries of culturally and linguistically competent service providers</p> <p>Promote opportunities for staff to take English as a Second Language (ESL) classes</p> <p>Provide financial incentives to support retention and development of child care</p>

GOALS AND OBJECTIVES

IV. IMPROVED SYSTEMS FOR FAMILIES: Integrated, accessible and culturally appropriate services		
<u>Goal 12:</u> A personnel pool of qualified and educated professionals, who obtain continuous, on-going training, are available for child care, early education, parent support and education, child and family health, and wellness programs.		
OBJECTIVES	OUTCOMES	POTENTIAL STRATEGIES (But not limited to)
	Increase in mentoring programs for providers	<p>Establish an allocation or stipend program to assist child care providers attending training and network meetings</p> <p>Provide staff members incentive for achieving higher levels of training along career ladder</p> <p>Establish a child care provider substitute program</p>